

## **Amendment to 2014-2015 SABG Behavioral Health Assessment and Plan**

The following narrative comprises the request from the New Hampshire Bureau of Drug and Alcohol Services (BDAS) to the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Services (CSAT), for approval on the use of Substance Abuse Block Grant funds (SABG) in fiscal years 2015, 2016 and 2017.

### **I. BACKGROUND**

In addition to the devastating impact on individuals, families and communities, a conservative figure estimates that the misuse of alcohol and drugs cost the state \$1.3 billion<sup>i</sup> per year. The legislature passed the New Hampshire Health Protection Program (NHHP), the state's version of Medicaid Expansion, which Governor Maggie Hassan signed into Law on March 27, 2014. This program will provide health care coverage to individuals and families in New Hampshire 138% or below the Federal Poverty level and includes a robust array of services including early intervention, treatment and recovery support services that will help to address the devastating impact that the misuse of alcohol and drugs have on individuals, families and communities and will also reduce the financial impact on the state.

The Office of Medicaid Business and Policy (OMBP) at the New Hampshire Department of Health and Humans Services (NHDHHS) was assigned as the lead agency in developing and implementing this program. OMBP assigned the development of the substance use disorder (SUD) benefit under this program to their Medicaid Chief Medical director and requested that the Director of the BDAS, which serves as the single state agency – SSA (federal designation) to address the misuse of alcohol and drugs in New Hampshire, co-lead this effort. OMBP and BDAS convened an internal workgroup with representatives from multiple program areas from across the department and has worked very closely with an external stakeholders workgroup, with broad representation, in the development of the SUD service array. It should be noted that the development of SUD benefits under this program have been viewed as a particularly important accomplishment for New Hampshire, which has not included substance use disorder benefits in its Medicaid program, but will be proposing the same SUD benefit array for the currently eligible Medicaid recipients during the upcoming state budget process.

Having only limited resources to support SUD services in the past has resulted in the state having only a limited capacity for these important services at this time. For this reason the NHDHHS BDAS, with additional support from the New Hampshire Charitable Foundation, engaged its contracted Center for Excellence (the Center) to implement the "Treatment Capacity Assessment Project" to assess the capacity for substance use disorder treatment services across the state. A copy of this report is available on the NHDHHS website at: <http://www.dhhs.nh.gov/dcbcs/bdas/treatment.htm>. This assessment of substance use disorder (SUD) services was conducted between May and July of 2014 and included the surveying of licensed substance use and mental health professionals and representatives from organizations within major service delivery systems, including medically-based services such as SBIRT (screening, brief intervention, referral to treatment) and medication-assisted treatment (MAT) services, as well as the more traditional substance use disorder and recovery support services in behavioral

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health settings. This assessment report provides important context for the state and stakeholders to use in developing and directing leadership, resources, and activities such as technical assistance and training to expand the service capacity of licensed professionals and service delivery systems. The Center is in the process of developing a treatment locator with geo mapping that will be available in November of this year.

The Department of Health and Human Services, working closely with the Medicaid Managed Care Organizations and a broad array of external stakeholders, determined it would need to phase in many of the substance use disorders services under the NH Health Protection Program (NHHPP) due to this lack of capacity. In an effort to develop needed capacity the NHDHHS has identified a number of potential resources to support these efforts including 1115 demonstration waiver it has submitted to CMS (not yet approved) - <http://www.dhhs.nh.gov/section-1115-waiver/index.htm>, the Federal Block Grant and Governor's Commission General Funds (proposed to the Governor's Commission at a special retreat on May 5, 2014). The combination of available benefits and added SUD service capacity will give New Hampshire unprecedented resources going forward to address the misuse of alcohol and drugs in our state.

The primary purpose of this proposal is two-fold:

1. To obtain approval for the use of block grant funds to develop needed service capacity to address substance use disorders, including:
  - a. Withdrawal management
  - b. Medication-assisted treatment
  - c. Screening brief intervention, referral to treatment
  - d. Specialty substance use disorders treatment services
    - i. Intensive outpatient and partial hospitalizations services
    - ii. Low, medium and high residential treatment services
  - e. Recovery Support Services.
2. To utilize block grant resources in a manner that is complementary to resources being made available through the NHHPP and benefits available in private health plans on the New Hampshire Insurance Exchange, i.e. to support programs, practices and policies not covered by these programs, in support of New Hampshire's broad-based fiscal strategy to address the misuse of alcohol and drugs.

It should be noted that state fiscal year 2015 has been identified as a transition year for the New Hampshire Health Protection Program that may initially result in a drop in the number of people served by the block grant and possible reduction in the use of block grant funds for this period as the Department of Health and Human Services works to re-allocate and optimize resources available to implement a broad-based comprehensive approach to address the misuse of alcohol and drugs, including a growing opioid epidemic in our state.

Finally, New Hampshire has traditionally spent down each block grant award in the second year of the award, often bumping up against the deadline for the use of these funds. SAMHSA approving this

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proposal will allow New Hampshire to use a portion of our FFY-2014 in the first year of this award period for the purposes outlined in this proposal.

## **II. ONE-TIME SERVICE CAPACITY DEVELOPMENT**

- 1. *Promoting awareness of the NH's Medicaid Expansion (NH Health Protection) Program***  
*Block Grant Priority Area 2: Significant gaps in the current treatment system; and Block Grant Priority Area 8: Facilitate Coordination between Substance Abuse Treatment services and Primary Care services*

### SFY 2015/2016

- Adults who will be eligible for Medicaid enrollment under NHHPP and, thus newly eligible for a substance use disorder benefit
- Other community-based organizations who may work with eligible populations who in turn may need and benefit from these services
- Behavioral health care professionals (agencies and those in private practice)

Public awareness and social marketing efforts within this initiative will include making individuals eligible for the NHHPP, that are at risk for or already misusing alcohol and drugs, aware of the resources within this program to address these issues. Efforts will primarily focus on at risk and priority populations including pregnant and parenting women, intravenous drug users, individuals involved with the criminal justice system and individuals misusing opioids. These efforts will include working with providers already serving these populations.

Substance misuse early intervention, treatment and recovery support services being made available under the New Hampshire Health Protection Program and on the Exchange will allow the state to address these issues more readily across the health care system, particularly for lower levels of acuity. For this reason it will be important to engage a broad range of providers within these systems to provide them with training and technical assistance needed to make these services available within these allied systems.

- 2. *Increasing the number of prescribers who are certified to provide Medication-Assisted Treatment (MAT) – including ambulatory withdrawal management***  
*Block Grant Priority Area 2: Significant gaps in the current treatment system; and Block Grant Priority Area 8: Facilitate Coordination between Substance Abuse Treatment services and Primary Care services*

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- Medical professionals able to prescribe buprenorphine, naltrexone or other medications to assist in long-term recovery
- Specialty SUD treatment providers able to provide counseling and wrap-around supports to complement MAT

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The Bureau of Drug and Alcohol Services and the Division of Public Health Services, both within the NHDHHS, as well as resources from the contracted Center for Excellence, will be engaging community health centers and other primary care health care providers to develop capacity for medication-assisted treatment services. These services will include medication administration services that are either integrated with or coordinated with behavioral health services that will include active referral mechanisms to specialty substance use disorder treatment services as indicated.

**3. *Increasing Capacity for Screening, Brief Intervention and Referral to Treatment (SBIRT) in NH's Community Health Center System***

*Block Grant Priority Area 8: Facilitate Coordination between Substance Abuse Treatment services and Primary Care services*

SFY 2015/2016

Supporting SBIRT implementation in multiple health and community settings to meet state plan recommendations promotes prevention, increases early identification and treatment of SUDs, with a special emphasis on at-risk populations. Funding will be utilized to develop needed infrastructure for these services, including personnel and indirect costs, interagency agreements, mechanisms for bi-directional referrals between primary care and specialty addiction treatment providers and to train staff in community health centers (CHCs) and other primary care settings in the SBIRT model, etc.

**4. *Planning for the Development of a Full Continuum of Services on a Regional Basis***

*Block Grant Priority Areas 5 & 6: Alcohol, marijuana, non-medical use of pain relievers for youth & young adults; and Block Grant Priority Area 2: Significant gaps in the current treatment system*

SFY 2015

As part of a multi-year investment, NH BDAS proposes to initially allocate \$15,000 to support a planning process for each of the state's thirteen regional public health networks in state fiscal year 2015. Each of these thirteen public health networks has a Public Health Advisory Council (PHAC), which includes multidisciplinary representation across the six targeted sectors (Government, Education, Safety, Health Care, Business and Family/Community Supports). During this stage, resources are being made available to support planning and development of organizational structures needed within each of the regional public health networks to develop population strategies and a seamless continuum of prevention, early intervention, treatment and recovery support services to address the misuse of alcohol and drugs.

Pre-planning activities will include training and orientation of members of the PHAC about the nature and progression of the misuse of alcohol and drugs, their impact on their region, the principles of a recovery-oriented system of care, and the components of an accessible robust continuum of services, including population-level environmental strategies, prevention (selected), early intervention, treatment and recovery support services that will be cultivated in each of the thirteen public health regions in the state. These activities will include and overview of how a comprehensive approach can be utilized to address these issues, what service along the continuum are currently available in each region, gaps in services and how current services and new services can be better coordinated to more effectively

address these issues, such as how screening, brief intervention and referral to treatment (SBIRT) and medication-assisted treatment (MAT) provided in primary care settings can be paired with substance use disorders treatment services. Nominal resources will be made available on an annual basis for each of the regional public health networks to facilitate the continuing education of the PHACs about the impact that substance misuse in their areas and to facilitate bi-directional communication between the PHACs and the NH Department of Health and Human Services (Bureau of Drug and Alcohol Services and the Division of Public Health Services) on the integration of behavioral health and primary care services in each of the public health regions.

***5. Ensuring/establishing and maintaining a continuum of care within each region of the state's regional public health network system***

*Block Grant Priority Areas 5 & 6: Alcohol, marijuana, non-medical use of pain relievers for youth & young adults; and Block Grant Priority Area 2: Significant gaps in the current treatment system*

SFY 2016/2017

Expanding upon the planning process outlined in the previous section, resources will be made available utilizing a strategic planning framework planning model, to develop capacity for a full continuum of services to address the misuse of alcohol and drugs in each of the thirteen public health regions in New Hampshire. The full continuum of strategies and services will include population-level strategies, selected prevention services, early intervention, and treatment and recovery support services, which will be coordinated with and complement services available in the larger health care system, such as screening brief intervention, referral to treatment (SBIRT) and medication-assisted treatment (MAT) being developed in primary care settings in these regions.

Activities will include:

- Assessment/gap analysis of service availability within the continuum of prevention, treatment and recovery support services, with a special emphasis to eliminate gaps for each of the SUD services (SBIRT, medication assisted treatment, specialty substance use disorders treatment and recovery support services) covered under the New Hampshire Health Protection Program - NHHPP (Medicaid Expansion).
- Utilizing the public health advisory councils (PHACs) and the regional public health networks to develop regional plans for developing needed capacity along the continuum of services and how these services will be coordinated on a regional basis.

Future activities will include developing the capacity for care coordination and bi-directional referrals among community-based organizations.

## **6. Workforce Development**

*Block Grant Priority Area 2: Significant gaps in the current treatment system*

SFY 2015/2016

- a. Workforce Development: Providing training and technical assistance directed at behavioral health practitioners across the health care system to improve substance use disorders core competencies*

Promoting integrated, collaborative person-centered care is a priority of NHDHHS and a fundamental principle of health care reform. This initiative will promote the treatment of co-occurring substance use and mental health disorders across the larger health, behavioral health and social service systems in New Hampshire with benefits made available under the New Hampshire Health Protection Program (NHHPP). Technical assistance and training will primarily focus on health care practitioners in behavioral health and primary care settings, to develop the capacity or improve their abilities to conduct screening, assessment, brief interventions and counseling services for individuals with lower levels of substance use disorder acuity and mechanisms to refer clients to more intensive specialty services when indicated. This funding will allow primary care, behavioral health and other agencies to access training resources for their existing or new staff and to access technical assistance needed for organizational changes necessary for the provision of these services.

- b. Resources to Assess, Expand and Enhance the Prevention Workforce Development*

Prevention services are an important component of a comprehensive approach to address the misuse of alcohol and drugs. The prevention workforce will need to continue to evolve as advancements are made in the science of substance misuse prevention as well as efforts being made to link these services with the larger health care system. To its benefit, the prevention workforce in New Hampshire has a cadre of seasoned prevention professionals that possess a wealth of institutional knowledge that can be tapped to further develop the state's capacity for evidence-based prevention services. Agencies administering substance misuse prevention services will need technical assistance to integrate substance misuse prevention services with substance use disorder treatment and recovery support services as well as other wrap-around services (case management, etc.) being made available in the health care system. To accomplish this objective New Hampshire will conduct an assessment of the current workforce to identify a baseline of current competencies (knowledge, skills and abilities - KSA) that will be utilized to further develop and enhance prevention practitioner competencies.

Using the KSA assessment as a basis, current prevention training and technical assistance plans will be refined to address identified workforce needs. Seasoned members of the current workforce will be utilized to develop a professional mentoring program that will be aligned with the International Certification Reciprocity Consortium (IC&RC) standards and with requirements outlined in SAMHSA's "Prevention Core Competencies" guidelines.

The scope of work for this initiative will include three primary objectives:

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- To conduct an assessment of NH prevention professionals' core competencies (KSA) and capacity, create and implement a plan to address needs and to evaluate the outcomes of this plan;
- To develop and implement professional mentoring program and to evaluate the outcomes of this component of the program;
- To continue to expand prevention certification in New Hampshire through increased marketing and outreach.

**7. *Infrastructure development for specialty SUD (substance use disorder) treatment services***

*Block Grant Priority Area 2: Significant gaps in the current treatment system*

To expand capacity for services being phased in under the New Hampshire Health Protection Program (NHHPP – Medicaid Expansion Program).

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The NH Department of Health and Human Services will be making resources available to expand capacity for specialty substance use disorders treatment services (intensive outpatient, partial hospitalization and residential services) to meet service capacity needs for the Federal Block Grant and for the New Hampshire Health Protection Program (Medicaid Expansion). Expanding capacity for these services will also help to meet a number of objectives outlined in New Hampshire's state plan (Collective Action / Collective Impact), including improving health outcomes and improving access to these services. The proposed use of block grant funds will support entities in New Hampshire in developing new or additional capacity for specialty substance use disorders services. Resources will be utilized to secure facilities and equipment, improve business functions, to hire and train staff and to develop evidence-based substance use disorder programs. Applicants will be required to meet standards outlined in SAMHSA Technical Assistance Publications (TAPs) and Treatment Improvement Protocols (TIPs).

In summary, the primary objectives of the specialty treatment services infrastructure initiative is to expand the capacity for these needed services to improve access to these services at different levels of care in different regions of the state and ultimately to improve health outcomes by increasing the number of individuals receiving quality substance use disorders treatment services in New Hampshire.

**8. *Building the infrastructure for peer and other recovery support services available in New Hampshire communities across the state***

*Block Grant Priority Area 2: Significant gaps in the current treatment system*

The NHDHHS' Bureau of Drug and Alcohol Services is working with a number of partners, including the Governor's Commission, the New Hampshire Charitable Foundation, New Futures, treatment providers, a number of peer-led recovery community organizations and others to develop critical low-cost, recovery support services. These services are designed to support individuals addicted to alcohol and

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drugs accessing and fully engaging in treatment services and to support them at a time when they are particularly vulnerable to relapse into active addiction during their early stages of recovery. These services will help connect these individuals to self-help groups and a variety of community-based services to help them to reach their full potential as contributing members of society.

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##### *a. Peer Recovery Support Services*

The NHDHHS included peer recovery support services in the substance use disorder (SUD) benefit array under the New Hampshire Health Protection Program – NHHPP (Medicaid Expansion) and plans to allocate state and federal funding for these services. However, like many other states, there is currently only very limited capacity for these services.

In an effort to further develop capacity for these services and to promote the role of recovery, and communities locally in supporting individuals in the early stages of recovery, the NH Department of Health and Human Services is planning to make federal and state funding resources available, for both direct and indirect costs associated with the operations of peer recovery community organizations (RCO). This investment will include resources to support the operating costs of regionally-based recovery centers on a gradually reduced basis while they are able to increase revenues to sustain operations of these centers over the long term. Resources will also support training capacity in the state for peer recovery coaches and to build a referral network, communications and marketing approaches to help health care systems, community-based organizations and general public awareness of these services, their purpose and how individuals can access services. Training resources will be made available for individuals providing peer recovery support service through a recovery community organization and to connect these services with outpatient or comprehensive substance use disorder treatment programs and other health care services on a regional basis.

##### *b. Certified Recovery Support Workers*

Training resources will be made available to agencies that provide specialty substance use disorder services and other health care providers to hire, train and support program start-up costs for certified recovery support workers (CRSWs) under the New Hampshire Board of Alcohol and Drug Abuse Professional Practice. The role of the CRSW will be similar in some ways and an alternative service to that of the peer recovery specialist. The CRSW position, in addition to playing a critical role to support individuals addicted to alcohol and drugs better engaging in services and supporting their early recovery, is also designed as a workforce development tool to support a track for individuals interested in a career as a substance use disorder professional.

##### *c. Ancillary Recovery Support Services*

In addition to the recovery supports described in this section above, the NHDHHS will be supporting the development of other “enhanced services” to better engage individuals in treatment and support them in their early stages of recovery, such as transportation, child care and continuous recovery monitoring case management services.



### **III. REALLOCATION OF BLOCK GRANT FUNDS FOR ON-GOING SERVICES**

#### **9. Enhanced Services for Pregnant and Post-Partum Women**

*Block Grant Priority Area 7: Pregnant women and women with dependent children*

##### SFY 2015/2016

Enhanced services are specialized services that remove barriers to a client's participation in treatment. Examples include services for women needing substance use disorders treatment that offers access to resources such as child care, transportation, providing or arranging for primary medical care, referral for prenatal care, and pediatric care for their children. These services might also include specialized gender-specific trauma, informed programming for women with a history of physical and sexual abuse, as well as child care and parenting skills training for women in treatment to ensure that women and women with custodial children are able to access needed services.

#### **10. Funding for SBIRT Service for clients without health Insurance**

*Block Grant Priority Area 8: Facilitate Coordination between Substance Abuse Treatment services and Primary Care services*

##### SFY 2015/2016

Funding will be utilized to support SBIRT service at community health centers and other primary care settings for at risk populations that lack access to health insurance. Community health centers have expressed concern that resources are needed to support SBIRT services for indigent clients that do not have access to health insurance. They have indicated that their charter requires that all Federally Qualified Health Centers' patients have access to the same array of services regardless of their ability to pay for those services.

#### **11. Supporting evidence-based Student Assistance Program (SAP) prevention programming in schools**

*Block Grant Priority Areas 5 & 6: Alcohol, marijuana, non-medical use of pain relievers for youth & young adults*

##### SFY 2015/2016

Student Assistance Programs (SAPs) are comprehensive, evidence-based approaches to prevention education, parent education, policy improvement, and early identification and referral to services for youth that are at risk or already misusing alcohol or other drugs and to address interrelated mental or emotional health issues. BDAS has been supporting SAPs in fifteen middle and high schools through the SAMHSA Partnership for Success II grant and is committed to continuing to support and expand these services in additional schools, utilizing joint state / local funding models. This funding will be utilized to support an additional +/- 20 middle and high school SAP programs across the state.

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***12. Ensuring adequate, centralized, cost-effective training, technical assistance and evaluation services are available to support initiatives one through eleven***

*Block Grant Priority Areas 2 & 8: Significant gaps in the current treatment system; Facilitate Coordination between Substance Abuse Treatment services and Primary Care services*

SFY 2015/2016

The NHDHHS proposes to proportionally expand capacity for training and technical assistance resources needed to support the initiatives identified to be approximately 10% of the cost of those initiatives. Training and technical assistance will include support for needed systems development, use of evidence-based practices and evaluation.

Substance Abuse Block Grant - PROPOSED FUNDING SUMMARY SFY 2015 - 2016		ANNUAL AMOUNT
1	Promoting awareness of the NH's Medicaid Expansion, known as the NH Health Protection Program (HPP) and its Substance Use Disorder (SUD) benefit	\$50,000
2	Increasing the number of prescribers who are certified to provide Medication-Assisted Treatment (MAT)	\$200,000
3	Increasing capacity for Screening, Brief Intervention and Referral to Treatment (SBIRT) in NH's community health center system – amount per year for both SFY 15 & 16	\$650,000
4	Planning for the development of a full continuum of services on a regional basis	\$195,000 (SFY 15) \$130,000 (SFY 16/17)
5	Ensuring/establishing and maintaining a continuum of care within each region of the state's regional public health network system – state fiscal year 2016	\$1,300,000
6	a. Providing training and technical assistance directed at workforce development to address SUD and co-occurring disorders across the larger health care system	\$200,000
	b. Prevention services workforce development	\$32,000
7	Infrastructure development for specialty SUD treatment services	\$500,000
8	Building the infrastructure for peer recovery support services in the community	\$200,000
9	Enhanced services for pregnant & post-partum women, including, child care, active facilitation of OB & primary care, transportation, parenting skills development, etc.	\$150,000
10	SBIRT service for indigent clients at FQHCs	\$130,000
11	Supporting evidence-based Student Assistance Program (SAP) prevention programming in schools	\$1,350,000
	<b>SUBTOTAL</b>	<b>\$4,925,000</b>
12	Ensuring adequate, centralized, cost-effective training, technical assistance and evaluation services are available to support these initiatives noted above	\$492,500
	<b>TOTAL</b>	<b>\$5,449,500</b>

<sup>i</sup> Shoveling Up; The Cost of Substance Abuse on State Systems, 2009 and the PolEcon Report released by New Futures, 2012.